RDec. 17. 2018 12:00PM

STATE OF IOWA

No. 5376

FORM-GB

Gift or Bequest Information received

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

towa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

by a department or accepted by the
Governor on behalf of the state
For office use only
Indexed
Audited
Checked
Computer
-

DEDADTMENT	AD AFFICE	RECEIVING THE	CIET OF	DEALIEQT.
DEBURROMENT	OR OFFICE	RECEIVING THE	(iII) 416)	BRUDEST

IA Department of Human Rights			
Name of Department or Office 32) E 12th Street Des	Moines IA 50319		
Malling Address City	City, State, Zip Code		
SIS-281-3274 Area Code & Telephone No.			
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	Transmission,		
	· · · · · · · · · · · · · · · · · · ·		
Kimberly Cheeks	444444444444444444444444444444444444444		
Mailing Address (If different from above)	City, State, Zip (if different from above)		
kim.chéeks@iowa.gov			
Email Address	Area Code & Telephone Number (If different from above)		
DONOR OF GIFT OR BEQUEST:			
***************************************	7		
Julius S. Conner			
Name 5002 SW 15th St Des Moines IA 50315-4413			
Mailing Address City, State, Zip Code	12/13/18 \$25.00		
	Date of Gift or Bequest Amount/Value*		
5/5-285-5860 Area Code & Telephone Number			
	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		
Email Address (optional)			
Date to the distribution of a consequence of the confi			
Provide a description of the gift or bequest and purpose thereof:			
Donation - 2019 MLK Event - "I Have a Dream" to be	held in DSM 1/19/19		
Criteria to use this form:			
Receipt of any gift or bequest that is received by any department of the st	ate or received by the Governor on behalf of the state.		
	•		
Statement of Affirmation:			
Which subs Obsacles			
affirm that the gift or bequest reported above assessment of the fair market value (If applicable) is correct and true to the b	is accurate. I further affirm that the information concerning the donor ar		
· · · · · · · · · · · · · · · · · · ·			
11- 01 1	•		
Kom Chula	12/17/18		
Signature	Date		